

Office of American Indian Health

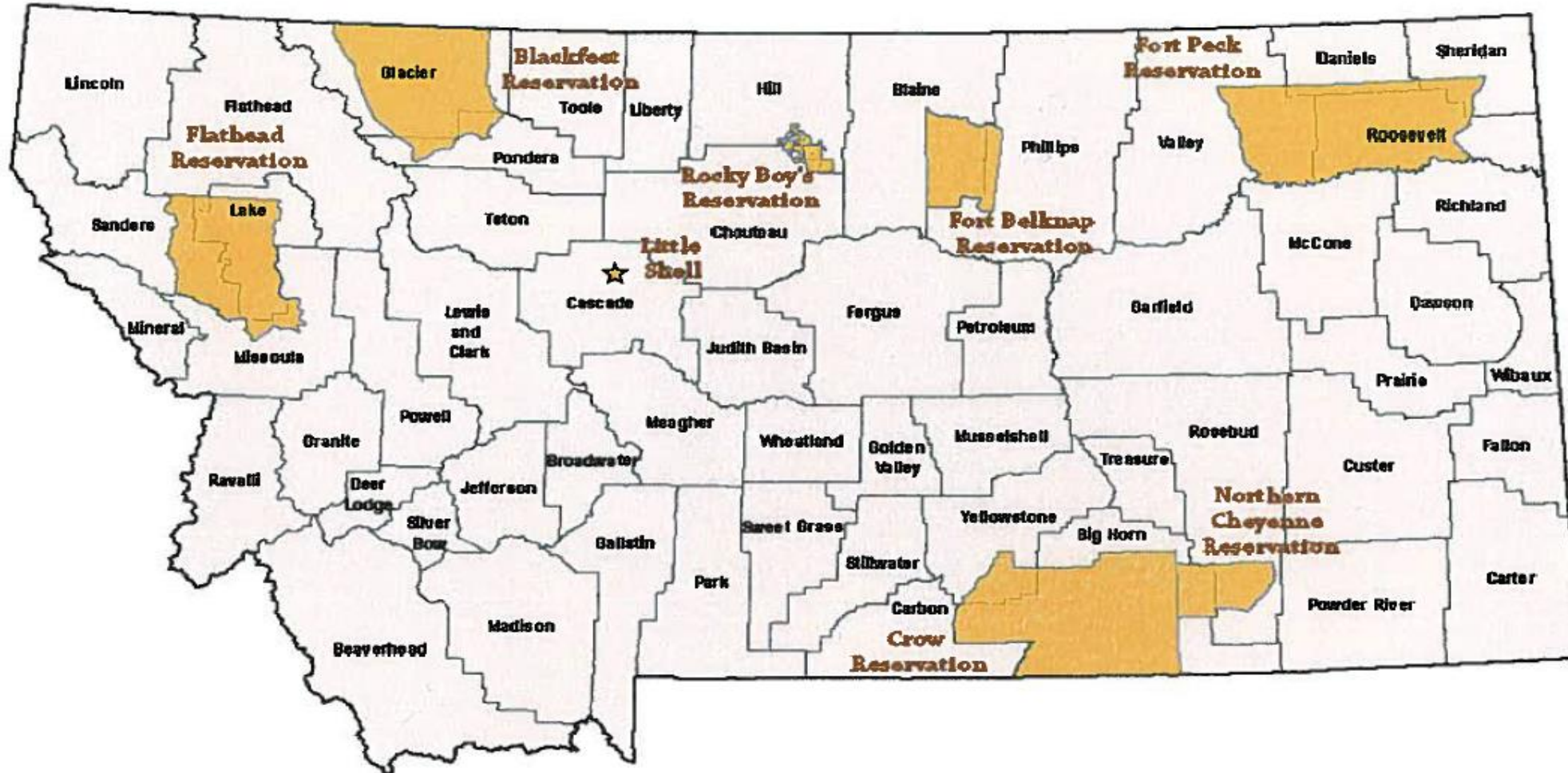
Mary Lynne
Billy-Old Coyote,
Director

PARTNERS
IN BUILDING
A STRONGER

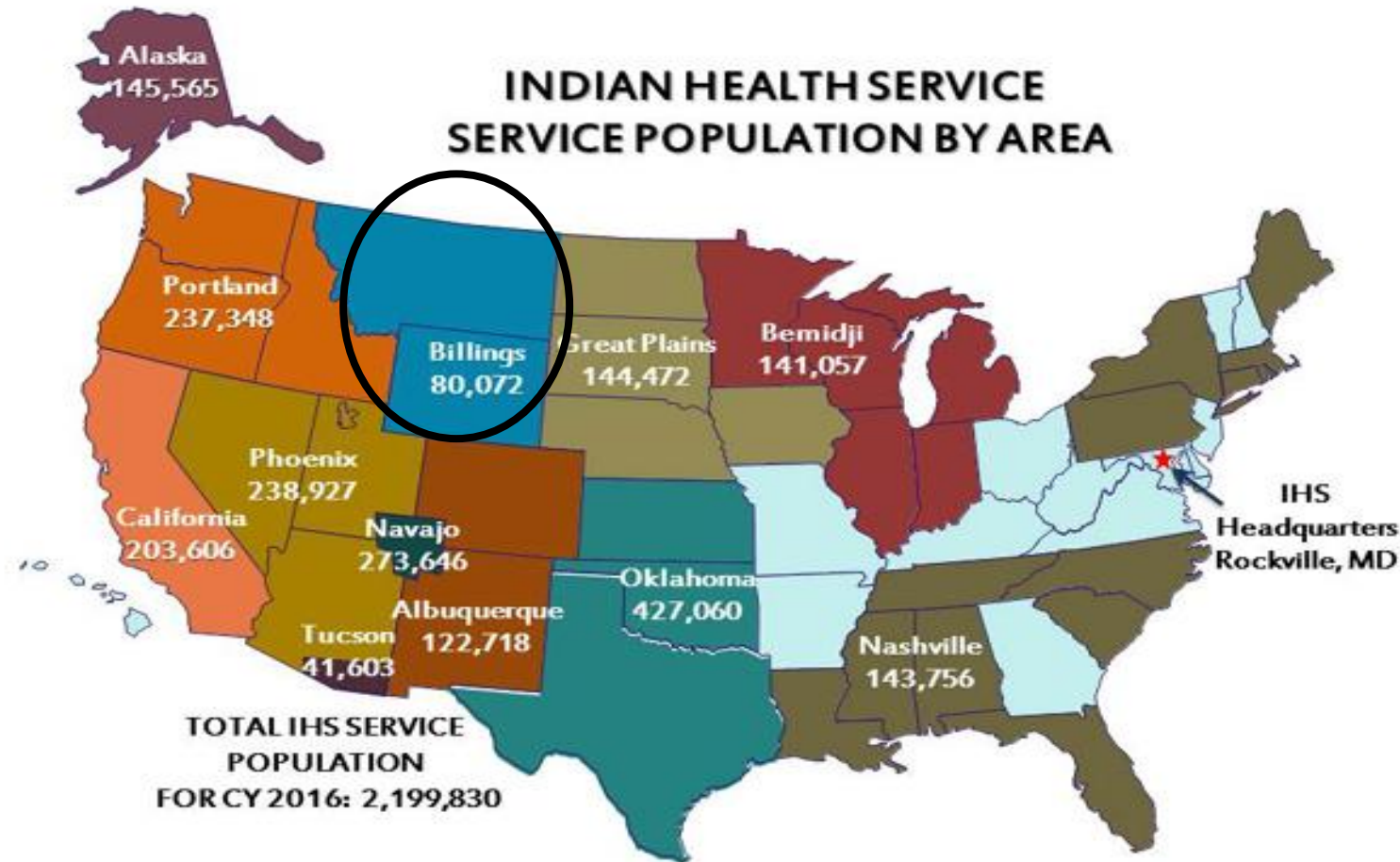
Montana



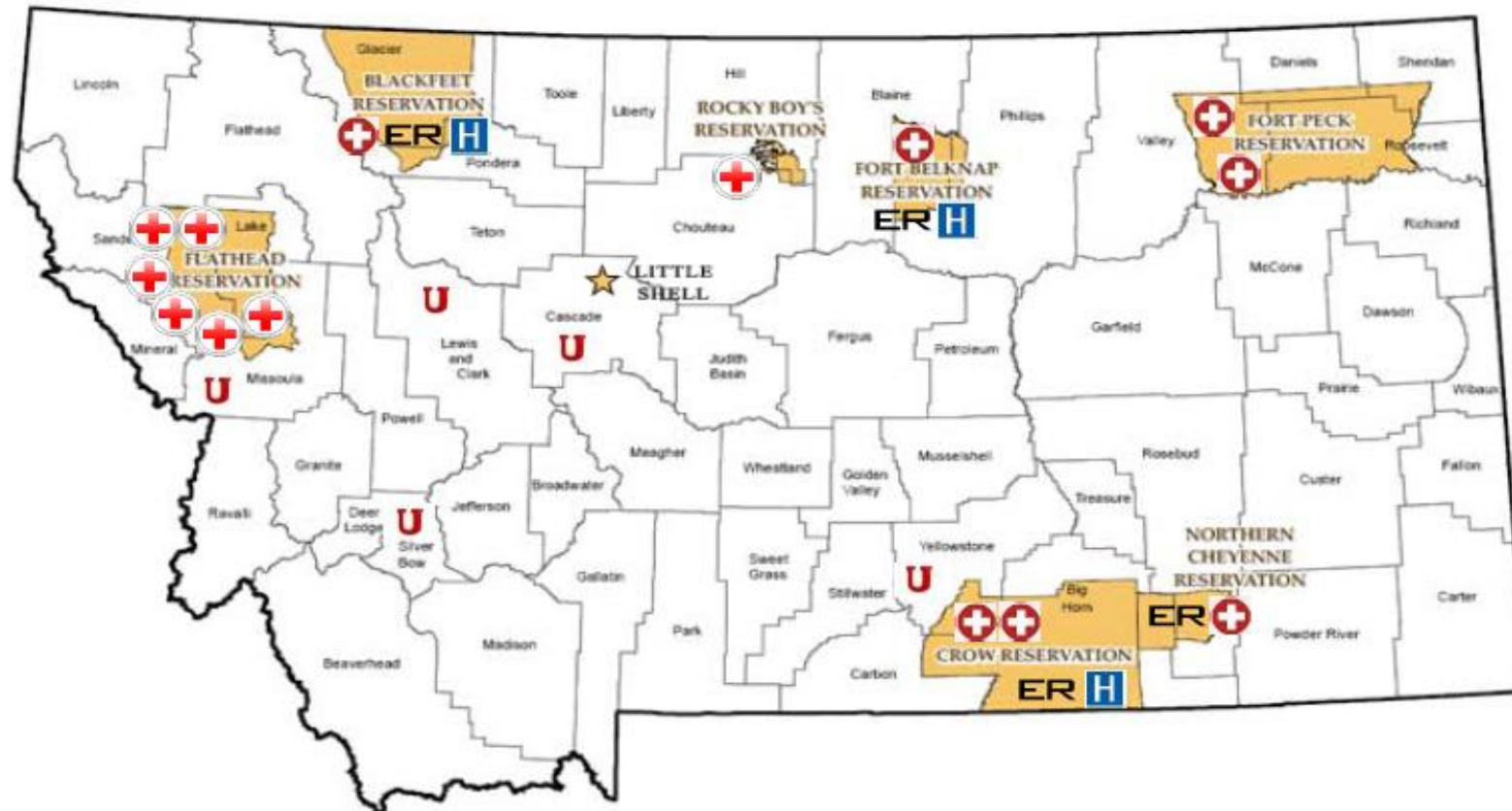
Tribal Nations of Montana



Billings Area Indian Health Service

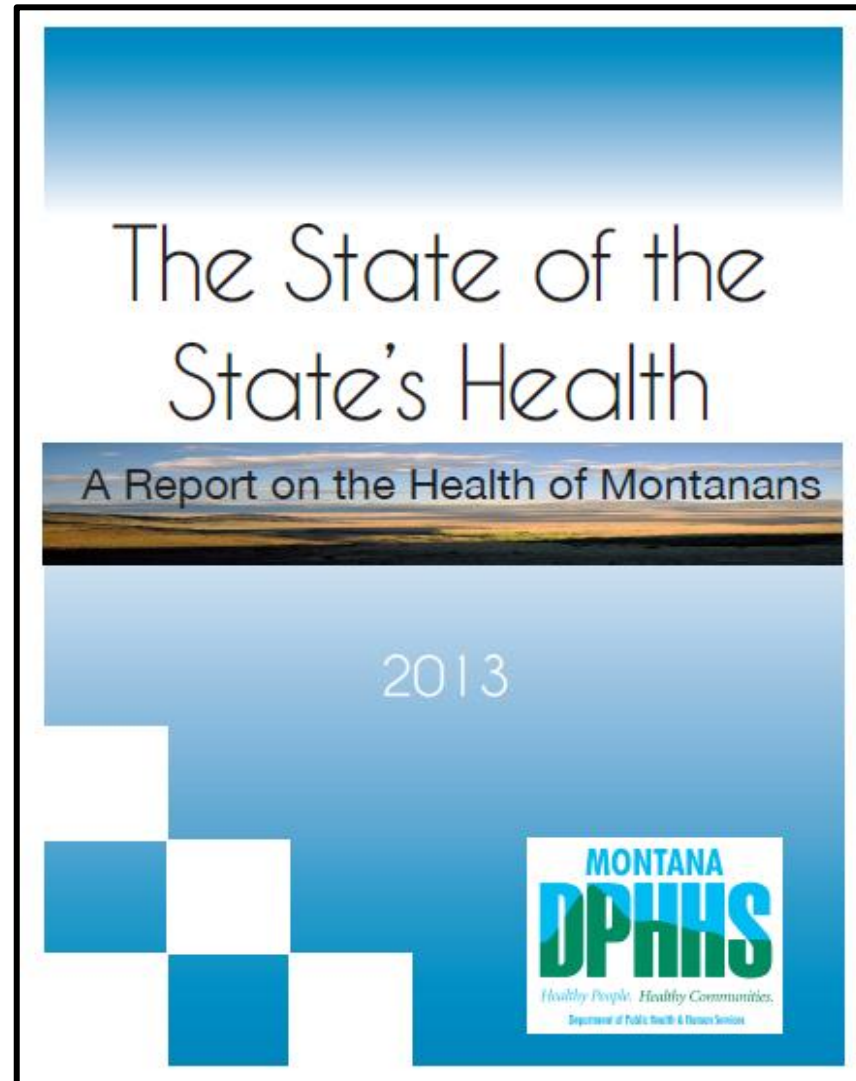


Indian Health Service/Tribal/Urban Providers in Montana



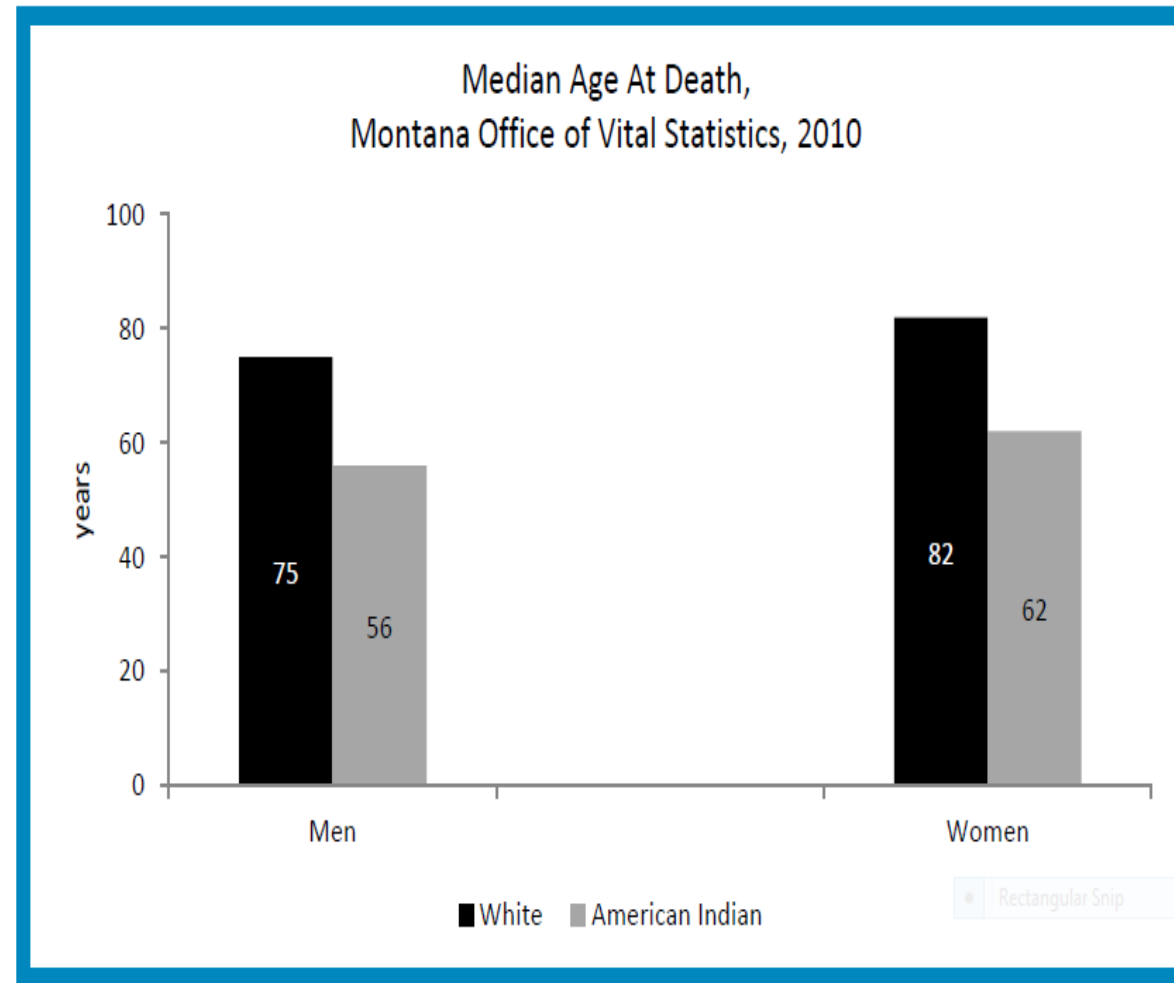
- H** IHS HOSPITALS – Blackfeet (Browning), Crow/Northern Cheyenne (Crow Agency), Fort Belknap (Fort Belknap Agency)
- ER** EMERGENCY ROOMS – Blackfeet (Browning), Crow (Crow Agency), Fort Belknap (Fort Belknap Agency), Northern Cheyenne (Lame Deer)
- +** IHS CLINICS – Blackfeet (Heart Butte); Crow (Lodge Grass, Pryor); Fort Belknap (Hays); Fort Peck (Poplar, Wolf Point); Lame Deer (Northern Cheyenne);
- +** TRIBALLY-OPERATED CLINICS – Flathead (Arlee, Elmo, Polson, Ronan, St. Ignatius and Salish Kootenai College); Rocky Boy's (Rocky Boy Agency)
- U** URBAN INDIAN CLINICS – Billings, Butte, Great Falls, Helena, Missoula

State of the State's Health



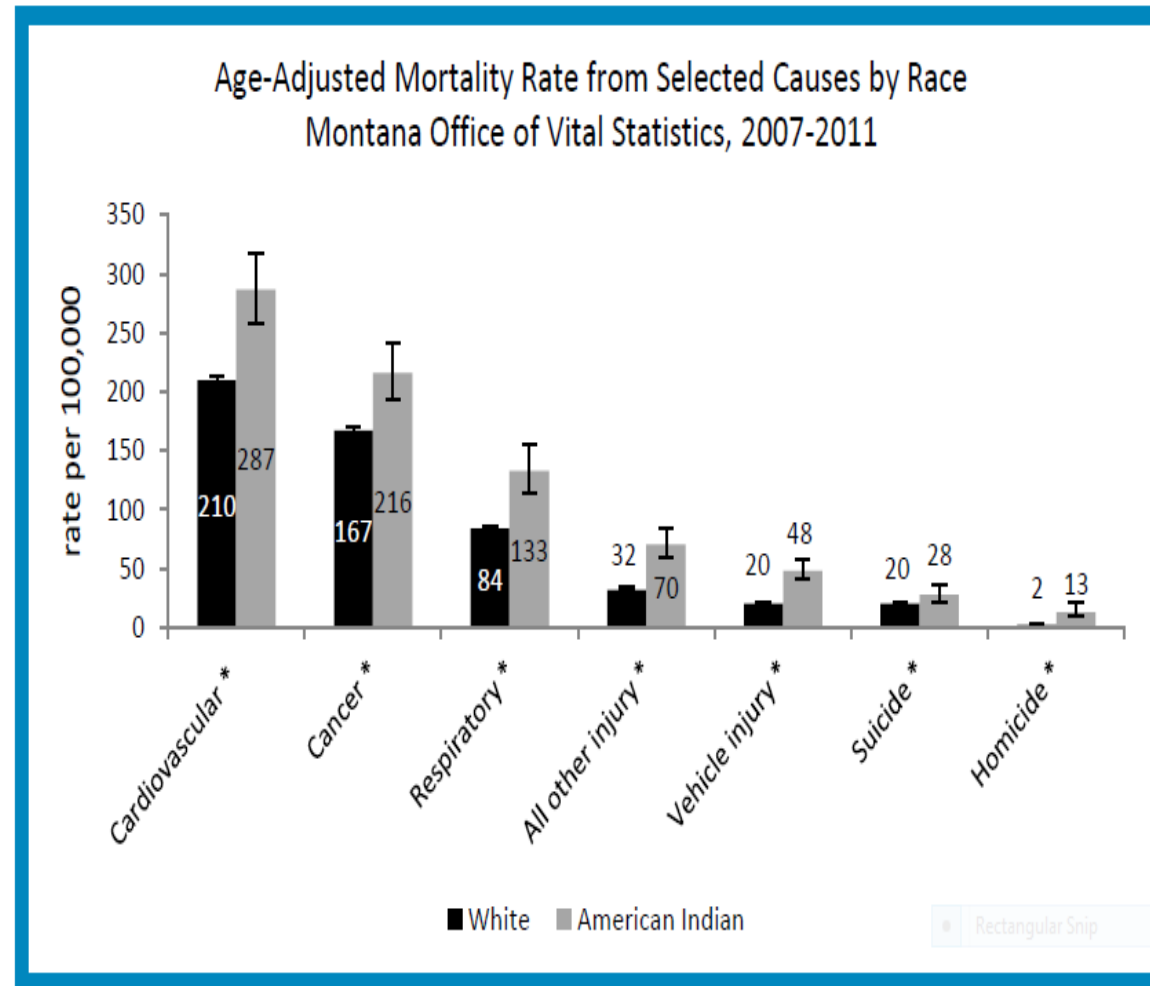
Median Age At Death

White men in Montana lived 19 years longer than American Indian men, and white women lived 20 years longer than American Indian women. White women lived seven years longer than White men, and American Indian women lived six years longer than American Indian men.



Age-Adjusted Mortality Rate

The age-adjusted mortality rate for White residents of Montana was substantially lower than for American Indian residents: 742.6 per 100,000 (95% Confidence Interval 735.4 -749.7) compared to 1184.6 per 100,000 (1129.9-1242.0). In addition, the mortality rates for many individual causes of death were lower for White residents than for American Indian residents.



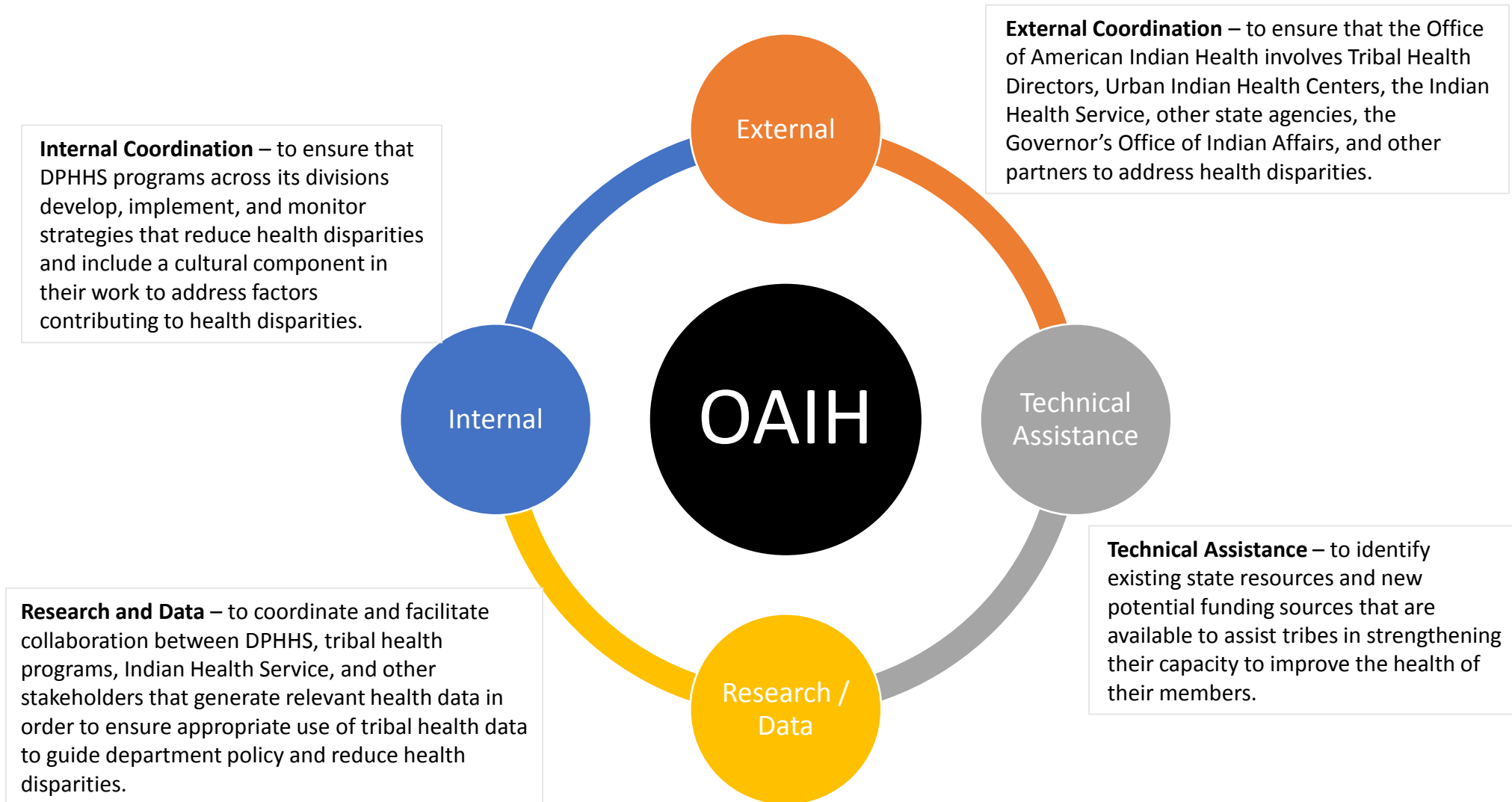
* American Indian mortality rates statistically significantly higher than White mortality rates.

Office of American Indian Health

In 2015, via Executive Order, Governor Steve Bullock established the Office of American Indian Health to address disparities in health outcomes and other outcomes that exist between the American Indian and non-Indian population in Montana.



OAIH Four-Focus Areas



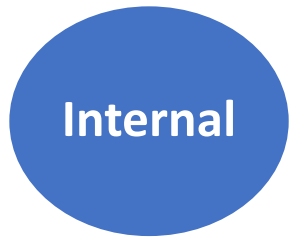
External Collaboration & Coordination

- Based upon an in-depth stakeholder analysis, external partners, organizations, and groups were identified (*representative sample below*):
 - Rocky Mountain Tribal Leaders Council (RMTLC)/ Rocky Mountain Tribal Epidemiology Center
 - Billings Area Indian Health Service
 - Montana Cancer Coalition
 - Montana Primary Care Association (MTPCA)
 - Montana Associations of Counties (MACo) - Reservations Counties Coalition
 - Universities and Tribal Colleges



Internal Collaboration & Coordination

- Engage with partners (e.g., IHS) to support and promote American Indian's enrollment in healthcare coverage
- American Indian Health Training within DPHHS and State Government
- OAIH Internships
 - *Both Internal and External Collaboration*
- Governor's Council on Healthcare Innovation
- Collaboration with Other State Government Agencies
 - Department of Transportation



Internal Collaboration & Coordination

- **Targeted Solutions**

- Pilot programs based in a strategy for all, but created in an incremental format so we may learn and grow as we progress forward working with the Tribes and Urban Programs.
 - Community Health & EMS Pilot
 - Tribal Nation Health Status Report
 - Clinic/Medical Professional Suicide Prevention Training
 - HEP C
 - Medical Assisted Treatment (MAT)
 - Revenue Generation/Third Party Billing

Research/Data Efforts

- Actualize concept of “***Collaborative Data Group***”
 - “How do we use data?” – “How can we help each other?” – “How can we collaborate on data analysis?”
- Collaborative Partners
 - Indian Health Service – Billings Area
 - Rocky Mountain Tribal Epidemiology Center
 - DPHHS
 - Tribal and Urban Indian Health Leadership

Technical Assistance Targeted Efforts

- Identify partnerships and linkages to begin to form opportunities for technical assistance.

Examples:

- American Indian Health Leaders
- Centralized Billing/Third Party Billing
- Infrastructure and Program Support
- T-SHIP

Montana Tribal Premium Sponsorship

Visionary

Summit

Introduce, foster, and facilitate discussion and opportunities for Montana Tribal Premium Sponsorship. A meeting of Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, and other top leadership. The intention is to provide a setting for active learning, discussion, debate, and support.

Strategies

Workshop

Based upon support from the Summit, the workshop's focus will be engagement by individuals involved in the formation, creation, and management of Premium Sponsorship program or plan. Individuals will discuss necessary plans and policies for the performance and implementation. At the conclusion of the workshop, a practices tool kit will be provided to support the next steps.

Performance

Training

The Training will focus upon providing learning to create the necessary performance and execution of the Program. The training will be based in activities and actions related to the program function, operation, infrastructure, staffing, and training. This differs from the two previous offerings as it will support program performance to achieve expectations and measurements necessary for success.



**If you want to go fast, go alone.
If you want to go far, go
together.**

Cory Booker

Thank You